

20 13

## FIRST/SECOND CLASS LIQUOR LICENSE AND TOBACCO APPLICATION

License Year: May 1<sup>st</sup> through April 30<sup>th</sup> of following year

Please file application in duplicate

\*recommended for  
approval c 3/27/13 lc mty  
all standard conditions  
Fire Marshal approval

41 Cherry St, LLC.
Print Full Name of Person, Partnership, Corporation, Club or LLC
HOTEL VERMONT
Doing Business As - Trade Name
41 Cherry St
Street and street number of premises covered by this application
Burlington, VT 05401
Town or City & Zip Code
802-316-2960
Telephone Number
SAME
Mailing Address (if different from above)
Email Address: joe.cartm@marriott.com

- ☒ FIRST CLASS ☒ SECOND CLASS ☐ TOBACCO
- ☐ RESTAURANT
- ☒ HOTEL
- ☒ CABARET
- ☐ CLUB
- ☐ COMMERCIAL KITCHEN

Fee for ANY FIRST class license paid to town/city \$100.00 /Fee to DLC \$100.00

Fee for ANY SECOND class license paid to town/city \$50.00 /Fee to DLC \$50.00

Fee for TOBACCO ONLY license paid to town/city \$10.00

TO THE CONTROL COMMISSIONERS OF THE TOWN/CITY OF Burlington, VERMONT  
Application is hereby made for a license to sell malt and vinous beverages under and in accordance with Title 7, Vermont Statutes Annotated, as amended, and certify that all statements, information and answers to questions herein contained are true; and in consideration of such license being granted do promise and agree to comply with all local and state laws; and to comply with all regulations made and promulgated by the Liquor Control Board. Upon hearing, the Liquor Control Board may, in its discretion, suspend or revoke such license whenever it may determine that the law or any regulations of the Liquor Control Board have been violated, or that any statement, information or answers herein contained are false.

MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING.

If this premise was previously licensed, please indicate name \_\_\_\_\_

I/we are applying as:

- ☐ INDIVIDUAL ☒ LIMITED LIABILITY COMPANY
- ☐ PARTNERSHIP
- ☐ CORPORATION

Please fill in name, address, and place of birth of individual, partners, directors or members.

LEGAL NAME

STREET/CITY/STATE

Joseph S. Cartm29 Greenwood Ave Essex Jct, VT.JAMES Canning50 Southwind DR. Burlington, VT.Are all of the above citizens of the UNITED STATES? ☒ Yes ☐ No

(Note: Resident Alien is not considered a U.S. Citizen)

pd chk #3856  
do 2/27/13 \$100.00

If naturalized citizen, please complete the following:

Name \_\_\_\_\_ Court where naturalized (City/State/Zip) \_\_\_\_\_ Date \_\_\_\_\_

**CORPORATE INFORMATION:**

If you have checked the box marked CORPORATION, please fill out this information for stockholders (attach sheet if necessary).

LEGAL NAME

STREET/CITY/STATE

41 Cherry St, LLC

41 Cherry St.

DBA: Hotel Vermont

Burlington, Vt. 05401

Date of incorporation 4/20/2012 Is corporate charter now valid? yes

Corporate Federal Identification Number 26-4046310

Have you registered your corporation and/or trade name with the Town/City Clerk? yes and/or Secretary of State? yes (as required by VSA Title 11 § 1621, 1623 & 1625).

**ALL APPLICANTS**

HAVE ANY OF THE APPLICANTS EVER BEEN CONVICTED OR PLED GUILTY TO ANY CRIMINAL OR MOTOR VEHICLE OFFENSE IN ANY COURT OF LAW (INCLUDING TRAFFIC TICKETS) AT ANY POINT?

☐ YES

☒ NO

If yes, please complete the following information: (attached sheet if necessary)

Name \_\_\_\_\_ Court/Traffic Bureau \_\_\_\_\_ Offense \_\_\_\_\_ Date \_\_\_\_\_

Do any of the applicants hold any elective or appointive state, county, city, village/town office in Vermont? (See VSA, T.7, Ch. 9, §223) ☐ YES ☒ NO If yes, please complete the following information:

Name \_\_\_\_\_ Office \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Please give name, title and date attended of manager, director, partner or individual who has attended a Liquor Control Licensee Education Seminar, as required by Education Regulation No. 3:

NAME: Joseph S. Carton

TITLE: V.P. of Operations

DATE: 1/16/2013

(If you have not attended an Education Seminar prior to making application, please contact the Liquor Control Investigator in your area regarding this mandatory training.)

**FOR ALL APPLICANTS: DESCRIPTION /LOCATION OF PREMISES (Section 4)**

Description of the premises to be licensed: 125 Room Hotel, with 2 Attached Decks, Juniper Lounge + Rest, Room Service, 4 Function Rooms, 2 Hospitality Suite

Does applicant own the premises described? yes If not owned, does applicant lease the premises? \_\_\_\_\_

If leased, name and address of lessor who holds title to property: \_\_\_\_\_

Are you making this application for the benefit of any other party? \_\_\_\_\_

FIRST CLASS APPLICANTS ONLY: No first class license may be issued without the following information.

HEALTH LICENSE #: Food 14238 Lodging 14239 (if licensed as a Hotel)

VERMONT TAX DEPARTMENT: Meals & Rooms Certificate/Business Account # 26-4046310

Business is devoted primarily to: (Circle one)

FOOD (restaurant) ENTERTAINMENT (cabaret) HOTEL CLUB COMMERCIAL CATERING

If you are considering Outside Consumption service on decks, porches, cabanas, etc. you must complete an Outside Consumption Permit. Please request this form from your Town/City or from the Department of Liquor Control.

CABARET APPLICANTS ONLY:

Applicant hereby certifies that the sale of food shall be less in amount or volume than the sales of alcoholic beverages and the receipts from entertainment and dancing; if at any time this should not be the case, the applicant/licensee shall immediately notify the Department of Liquor Control of this fact.

\_\_\_\_\_  
Signature of Individual, Partner, authorized agent of Corporation or LLC member

=====

ALL APPLICANTS MUST COMPLETE AND SIGN BELOW

The applicant(s) understands and agrees that the Liquor Control Board may obtain criminal history record information from State and Federal repositories prior to acting on this application.

I/We hereby certify, under pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due the State of Vermont as of the date of this application. (VSA, Title 32, §3113).

In accordance with 21 VSA, §1378 (b) I/We certify, under pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due to the Department of Employment and Training.

If applicant is applying as an individual: I hereby certify that I/We are not under an obligation to pay child support or that I/We are in good standing with respect to child support or am in full compliance with a plan to pay any and all child support payable under a support order. (VSA, Title 15, §795).

Dated at \_\_\_\_\_ in the County of \_\_\_\_\_ and State of \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Corporations/Clubs: Signature of Authorized Agent

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Individuals/Partners: (All partners must sign)

Joseph A. Carter  
\_\_\_\_\_  
\_\_\_\_\_

(Title)

Upon being satisfied that the conditions precedent to the granting of this license as provided in Title 7 of the Vermont Statutes Annotated, as amended, have been fully met by the applicant, the commissioners will endorse their recommendation on the back of the applications and transmit both copies to the Liquor Control Board for suitable action thereon, before any license may be granted. For the information of the Liquor Control Board, all applications shall carry the signature of each individual commissioner registering either approval or disapproval. Lease or title must be recorded in town or city before issuance of license.

\_\_\_\_\_, Vermont, \_\_\_\_\_  
Town/City Date

APPROVED

DISAPPROVED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved/Disapproved by Board of Control Commissioners of the City or Town (circle one) of \_\_\_\_\_

Total Membership \_\_\_\_\_ members present

Attest, \_\_\_\_\_  
City or Town Clerk

TOWN OR CITY CLERK SHALL MAIL APPLICATION DIRECTLY TO THE DEPARTMENT OF LIQUOR CONTROL, 13 Green Mountain Drive, Montpelier, VT 05602. If application is disapproved, local control commissioners shall notify the applicant by letter.

No formal action taken by any agency or authority of any town board of selectmen or city board of aldermen on a first or second class application shall be considered binding except as taken or made at an open public meeting. VSA Title 1 §312.

NOTICE: After local action, all new applications are investigated by the Enforcement and Licensing Division prior to approval/disapproval of the license by the Liquor Control Board.

SECTION 5111 AND 5121 OF THE INTERNAL REVENUE CODE OF 1954 REQUIRE EVERY RETAIL DEALER IN ALCOHOLIC BEVERAGES TO FILE A FORM ANNUALLY AND PAY A SPECIAL TAX IN CONNECTION WITH SUCH SALES ACTIVITY. FOR FURTHER INFORMATION, CONTACT:

THE BUREAU OF ALCOHOL, TOBACCO & FIREARMS (TTB)  
DEPARTMENT OF THE TREASURY  
550 MAIN STREET, CINCINNATI, OH 45202

(513) 684-2979



## LIQUOR LICENSE

### NEW APPLICANT QUESTIONNAIRE

D/B/A (Business Name) 41 Cherry St, LLC

Contact person Joe Carton Contact Phone 802-316-2960

1. Have you ever had a liquor license before? If yes, please explain.

Yes - The Courtyard Burlington Harbor

2. Please describe your experience serving or selling alcohol?

I have managed the Radisson/Wyndham  
and now the Courtyard all with a Liquor Hotel  
License

3. Are you familiar with the laws relating to the sale of alcohol in Vermont? Have you completed the training required by DLC? Have your employees? If not, what is your plan for training?

Yes, I am familiar with the laws

Yes, I have completed the DLC training on 1/16/13

4. Have you had an opportunity to meet with an inspector from the Department of Liquor Control?

Yes.

5. How many employees will you have?

Approximately 10-12



6. What is/will the square footage of the public space and what is/will be your occupancy load??

We will have a hotel license to include a Bar/Rest  
approx 3000 sq-ft, 4 meeting Rooms (2000 sq-ft total),  
2 outdoor Decks, 1500 sq. ft each and  
125 hotel Rooms

7. What kind of precautions will you take to prevent underage sales?

We will train all F+B employees to the law  
and expect them to abide by the laws of VT

Please note that your application will not go before the License Subcommittee until this application has been satisfactorily completed and returned to the Clerk's Office

STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

Certificate of Trade Name Registration

I, James C. Condos, Vermont Secretary of State hereby certify that

HOTEL VERMONT

was registered on April 20, 2012 per copy attached.

April 23, 2012

Given under my hand and the seal  
of the State of Vermont, at  
Montpelier, the State Capital

*James C. Condos*

James C. Condos  
Secretary of State

This trade name expires 5 years from the date of registration/renewal



L-24486

Articles of Amendment  
Limited Liability Company

Vermont Secretary of State, 81 River Street, Montpelier, VT 05609-1104

Current name: 35 Cherry Street, LLCName is changed to: 41 Cherry Street, LLC(name must end with Limited Liability Company; Limited Company; LLC; or LC; may abbreviate Ltd & Co)(Alternate name) Cherry Street, LLC

NOTE: A Foreign LLC (non VT) must attach a good standing certificate, dated no earlier than 30 days prior to filing, from its state of origin. Click "here" to see what you can do if the name is not available in Vermont.

Date articles were filed: 09/16/2008 organized under the laws of: (state/country): VT☐ Is changing its state (or country) of origin to:☐ Is changing to a term Limited Liability Company:☐ Is changing the period of duration of its term to:☐ Is ceasing to be a Term Limited Liability Company.☐ Changing to a Manager-Managed co. The name & address of each manager.☐ Changing to a Member-Managed company.☐ Members ARE to be personally liable for debts and obligations under § 3043(b) of this title.☐ Members CEASE to be personally liable for debts and obligations under § 3043(b) of this title.☐ Changes other than listed above:SIGNATURETitle:Date:

\$25.00 fee Print & file in duplicate. If a delayed effective date is not specified after filing, it is effective the date it is approved.

(no later than 90 days)

2008 OCT 28 PM 1:03



0024486

LLC ARTICLES OF ORGANIZATION (Domestic & foreign -T.11,Ch.21)

Vermont Secretary of State, 81 River Street, Montpelier, VT 05609-1104

Name of LLC: 35 Cherry Street, LLC

(Name must contain the words Limited Liability Company, Limited Company, LLC, LC or L3C)

Organized under the laws of the state (or country) of: Vermont

(Foreign LLC must attach a good standing cert, dated no earlier than 30 days prior to filing, from its State of origin.)

Business PURPOSE: All legal purposes.

Principal office: 25 Cherry Street

Burlington

VT

05401

Registered agent: Murphy Sullivan Kronk

Agent's street &amp; po box: 275 College Street

Burlington

VERMONT 05401

VERMONT  
SECRETARY OF STATE  
CORPORATIONS  
2008 SEP 16 PM 12:04

The fiscal year ends the month of: December (DEC will be designated unless you state differently.) Each company under this title is required to file an annual report within 2½ months of the close of its fiscal year. Failure to file may result in termination of the its authority. A pre-printed form will be mailed to your agent when the report is due.

Is this a term LLC? ☐ Yes ☒ No If Yes, state duration of its term:An LLC is an At-Will Company unless it is designated in its articles as a Term Co

Indicate below whether the company is MANAGER or MEMBER managed &amp; list names.

This is a MANAGER-MANAGED company? ☒ Yes List all MANAGERS name & address below

The managers are the people who operate the LLC

Charles DesLauriers

Jay Canning

This is a MEMBER managed company? ☐ Yes List managing MEMBERS name & address below

The members are the people who own the LLC

Are members personally liable for debts & obligations under T.11,§3043(b)? ☐ Yes ☒ NoIs this an L3C Company? ☐ Yes ☒ No

Printed Name Catherine Kronk

Signature

Catherine Kronk date: 9/15/08

Organizers address:

275 College Street, Burlington, VT 05401

Fees: VT = \$100.00 Foreign (non-Vt) = \$100.00 Print &amp; file in duplicate.

You can delay the effective date up to 90 days, otherwise it is effective the date it is approved, date

Your email address or phone # so we can contact you with questions: 802-861-7000

TRADENAME REGISTRATION (11 VSA, Ch.15)

Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104 (802-828-2386)

**BUSINESS NAME:** (corporate indicators such as incorporation, limited, company, LLC cannot be used in a trade name)

Note: anyone intending to operate a postsecondary school must first apply to the state board of education.

Hotel Vermont

Alternate name: (If first choice is not available)

Name of the town where business is located:

Burlington, VT

Date business began: January 1, 2010

Business purpose - (be specific - "restaurant"/ "beauty shop"/ "auto sales")

Hospitality and all legal matters

List below the individual(s) or the entity names &amp; address that are doing business under this trade name.

Name of owner (list person or company name)	street & po box	city	state & zip code
41 Cherry Street, LLC	25 Cherry Street	Burlington,	VT 05401

Name and address of process agent (non-residents only):

Vermont

One of the individuals listed or an officer of the corporation/LLC must sign in front of a notary public.

Applicant's signature: [Signature] Title Manager

Subscribed and sworn to before me this 18th day of April, 2012

Notary Public signature Catherine Konk commission expiration date 2.10.15

**\$50.00 FEE:** File in duplicate with self-addressed envelope. Once filed name is valid for 5 years and is public information. Trade name registration is not a guarantee that you are entitled to the name, a person or entity may have, or claim to have, a pre-existing right to exclusive use of the name. You must notify this office if the business name, address or ownership is changed.

Resources to help you start and grow your business can be found through Community Business Connections at: [www.StartaBusinessinVermont](http://www.StartaBusinessinVermont)

Email address or phone contact:

Elizabeth M. Drake 802-861-7000

## TRADENAME CESSATION APPLICATION

Vermont Secretary of State Office, 128 State Street, Montpelier, VT 05633-1104

1. **Tradename:** Hotel Vermont (File No. 0130369).

**COPY**

2. **Complete Cessation is being filed because:** The Tradename has been transferred to 41 Cherry Street, LLC effective January 1, 2010. Simultaneously with the filing of this Cessation Application, 41 Cherry Street, LLC is applying to register the Tradename.

3. **The current owner of the Tradename is:** DesLauriers & Company, One Church Street, Burlington, VT 05401.


4. **Dated:** April 18, 2012.

DesLauriers & Company

By:

  
Charles DesLauriers

Subscribed and sworn to before me this 10<sup>th</sup> day of April, 2012.



Notary Public

My commission expires: 2.10.15

2012 APR 20 AM 11:55  
VERMONT  
SECRETARY OF STATE  
CORPORATIONS

Hotel Vermont

JOE CARTON

Joseph A. Carton

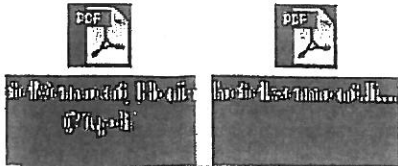
1-16-13

(expires two years from above date)

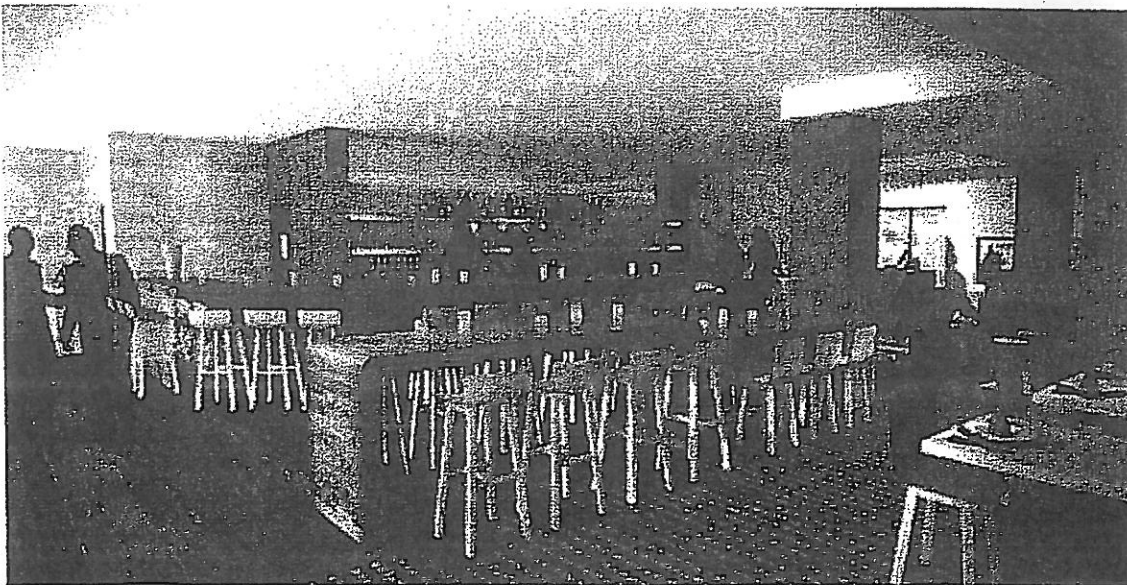
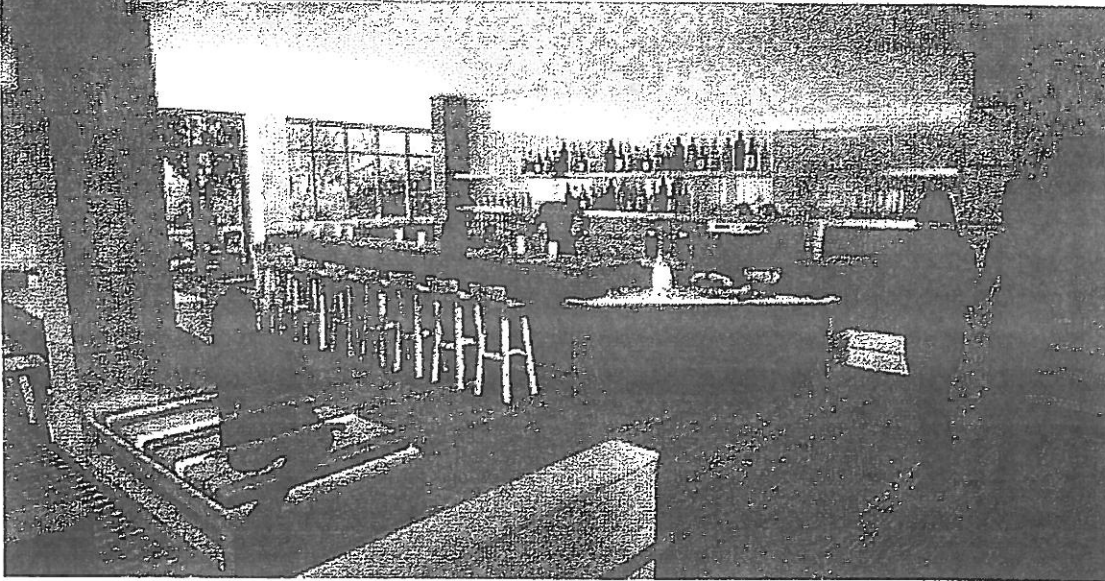
  
Certificate of First Class Seminar Attendance

**CY, Burlington Harbor VT GM (F)**

**From:** Langlais, Michell  
**Sent:** Friday, March 01, 2013 12:01 PM  
**To:** CY, Burlington Harbor VT GM (F)  
**Subject:** HV Renderings of Juniper, including library area



" HOTEL VERMONT "  
Juniper Lounge & RESTAURANT "  
RENDERING



**Michell Langlais, Director of Sales**  
Courtyard Burlington Harbor Hotel  
TownePlace Suites by Marriott  
[www.marriott.com/btvd](http://www.marriott.com/btvd)  
[www.marriott.com/btvt](http://www.marriott.com/btvt)  
802.864.4700 ext. 3 - Office

# JUNIPER Winter Menu

## Snacks -5

- Maple Sea Salted Nuts
- Applewood Smoked Pickled Egg and Porcini
- Crunchy Kale, Sheep Milk Blue Cheese Creme Fraiche
- Clothbound Cheddar Fritters with Quince Mustard

## Starters -12

- Juniper Roasted Quail, Empire Apples and Hazelnut Castrique
- Shaved Radish Salad, Pumpkinseed Crumbs, Bill Seed Vinaigrette and Spicy Sprouts
- Smoked Trout and Flint Corn Chowder, Pine Mushrooms and Corn Shoots

## Shares -16

- Buttermilk Fried Chicken, Hot Peppers and Honey
- Poutine with Pomme Frites, Oxtail Gravy and Cheese Curds
- Hops Smoked Mussels, Sour Ale, Salt Pork and Grilled Bread
- Grilled Cheese Plate, Four Artisan Cheeses on Warm Finger Sandwiches

## Sandwiches -9

- Montreal Smoked Turkey, Brother Laurant, Lees Choucroute and Remoulade
- Whey Fed Pork Terrine, Traminette Mustard, Pickles and Greens
- Grass Fed Beef Burger, Pickled Onions, Tarentaise and a Brioche Roll Double -16
- Beets, Marinated Feta, Walnut Charvill Pesto and Endive

## Mains -24

- Lamb Sausage, Wilted Chard, Fried Egg, Polenta and Pea Shoots
- Grass Fed Beef Pot Roast, Root Vegetables, Fingerling Potatoes and House Radish
- Goat Cheese Chocoh, Mushrooms, Shallot Confit Ice Cider, Buette Blanc

## Specials -Market Price

- Meat and Potatoes
- Fish
- Piebread

## Sides -6

- Herb Fries with Aloi
- Seasonal Greens with Cider Vinaigrette
- Squash Soup with Choucroute
- Cyrus Pringle with Sea Salt Butter



# Hotel Vermont

Fari

~~Hotel Vermont-3/18/13-jsc~~

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## Level One- Meeting Rooms and Public Space

Red- Terrace 1,246 square feet

Pink- Juniper Restaurant/lounge- 1,527 square feet

Blue- Board Room- 363 square feet

Yellow- Conference Room A- 752 square feet

Blue/Yellow Combined- 1,115 square feet

Green- Lobby

## Level Two- Meeting Rooms and Public Space

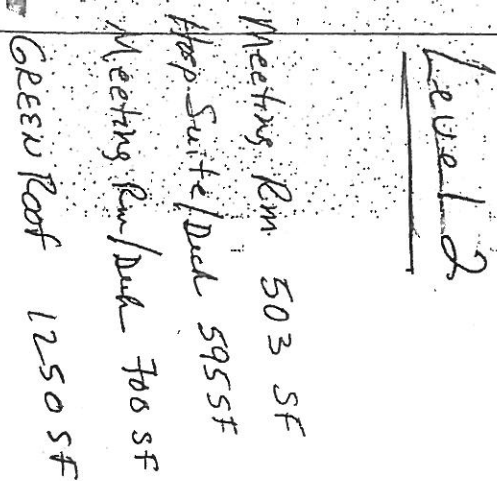
Red- Meeting Room B- 503 square feet

Orange- Hospitality Suite/Deck- 595 square feet

Yellow- Meeting Room C/Deck- 700square feet

Green- Landscaped Green roof- 1,250 square feet







OFFICE OF THE CLERK AND TREASURER  
149 CHURCH STREET  
BURLINGTON, VT 05401

802-865-7131 TTY 802-865-7142

Application Review  
First Class Liquor License - Hotel

05/01/2013 - 04/30/2014

*Jeff Hemwood*

TO: Kathy Dunn, Clerk/Treasurer's Office

FROM: Lori Olberg, Clerk/Treasurer's Office

DATE: Wednesday, March 6, 2013

COMPANY: 41 Cherry Street LLC

DBA NAME: Hotel Vermont

FORMERLY:

LOCATION: 41 Cherry Street

PHONE: 316-2960

*Please review*  
*TY LOR*

The above applicant has applied for a new/renewal license. Please complete the appropriate section below verifying the status of the applicant's taxes and return it to this office as soon as possible.

Property Taxes Overdue?

Yes

☐

No

☒

Initials

*LAH*

Property Taxes Delinquent?

Yes

☐

No

☒

Initials

*LAH*

Gross Receipts Tax Overdue?

Yes

☐

No

☒

Initials

*LAH*

Thank You,

Lori Olberg  
Clerk/Treasurer's Office  
City Hall

Date: Wednesday, March 6, 2013



OFFICE OF THE CLERK AND TREASURER  
149 CHURCH STREET  
BURLINGTON, VT 05401

802-865-7131 TTY 802-865-7142

Application Review  
First Class Liquor License - Hotel

RECEIVED

MAR 07 2013

05/01/2013 - 04/30/2014

DEPARTMENT OF  
PLANNING & ZONING

TO: Ken Lerner, Planning & Zoning Office  
FROM: Lori Olberg, Clerk/Treasurer's Office  
DATE: Wednesday, March 6, 2013  
COMPANY: 41 Cherry Street LLC  
DBA NAME: Hotel Vermont  
FORMERLY:  
LOCATION: 41 Cherry Street  
PHONE: 316-2960

Please review  
M LK

Please attach any pertinent information which the City Council License Committee may require.

Please indicate:

Approved?

Yes



No



Initials

JF

Date

3/8/13

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank You,

Lori Olberg  
Clerk/Treasurer's Office  
City Hall

Date: Wednesday, March 6, 2013